

Chicago Department of Public Health
Food Protection Division

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____ **NEW** _____ **REMODEL** _____ **CONVERSION**

Name of Establishment _____

Address of Establishment _____

City _____ State _____ ZIP Code _____

- Category:** Restaurant Institution Daycare
 Grocery Store Retail food Market Other _____

Name of Owner _____

NAME UNDER WHICH FOOD LICENSE IS TO BE ISSUED

(Individual(s) or Corporation Name) _____

Applicant's Name (*If other than the owner*) _____

Applicant's Address _____

City _____ State _____ ZIP Code _____

Phone _____ Cell _____ Other Phone _____

FAX # _____ E-Mail Address _____

Name of Architect _____

Days of Operation:	Hours of Operation:
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I have submitted plans / application to the following authorities on the following dates:			
<input type="checkbox"/> Zoning	Date	<input type="checkbox"/> Plumbing	Date
<input type="checkbox"/> Planning	Date	<input type="checkbox"/> Building	Date
<input type="checkbox"/> Police	Date	<input type="checkbox"/> Fire	Date
<input type="checkbox"/> Conservation	Date	<input type="checkbox"/> Dept. of Business Affairs and Licensing	Date
<input type="checkbox"/> Dept of Construction and Permits	Date		

Projected start date of project _____

Projected date for completion of project _____

Total Square feet of Facility

Number of floors on which the operations are conducted _____

Maximum meals to be served: (approx.) Breakfast _____ Lunch _____ Dinner _____

Type of Service

- | | |
|--|---|
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Caterer Off-Site |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Catering On- Site |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Mobile Vendor |
| <input type="checkbox"/> Sit Down Meals | <input type="checkbox"/> Hot Dog Cart |
| <input type="checkbox"/> Buffet Style | <input type="checkbox"/> Seasonal Outdoor Est. |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> Take Out | <input type="checkbox"/> Seasonal Outdoor, Est. |
| <input type="checkbox"/> Other _____ | |

Number of Staff _____ Maximum Per Shift _____

Number of Seats _____

Please enclose the following documents:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business; location of building on site including alleys, streets; and location of any outside equipment (*dumpsters, well, septic system – if applicable*)
- Plan drawn to scale of food establishment showing location of equipment , plumbing, electrical service and mechanical ventilation
- Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inch = 1 foot. This is to allow for ease in reading plans.
2. Include: Proposed menu seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment of the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation. Show all features of these rooms as required by the guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow-prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and, in, other areas and rooms during periods of cleaning;

(2) At least 220 lux (20 foot candles):

- a) At a surface where food is provided for consumer self-service such as buffets and salads or where fresh produce or packaged, foods are sold or offered for consumption;
- b) Inside equipment such as reach-in and under-counters refrigerators;
- c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil. storage, and in toilet rooms; and

(3) At least,540 lux (50 foot candles) at a surface Where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by, an ANSI accredited certification program (when -applicable).
- a. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
- g. A color coded flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation service);
 - Food and dishes (portioning, transport, service,
 - Dishes (clean, soiled, cleaning storage);
 - Utensil (storage, use, cleaning);
 - Trash and garbage (service area.. holding, storage);
- h. Ventilation- schedule for each room;
- i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- j. Garbage can washing are at facility,
- k. Cabinets for storing toxic chemicals;
- l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- m. Completed Section 1;
- n. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u>	Yes	No
1. Thin meats, poultry, fish, eggs (<i>hamburger, sliced meats; fillets</i>)	[]	[]
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	[]	[]
3. Cold processed foods (salads, sandwiches, vegetables)	[]	[]
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	[]	[]
5. Bakery goods (pies, custards, cream fillings & toppings)	[]	[]
6. Other _____ _____	[]	[]

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE CIRCLE / ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO
2. What are the projected frequencies of deliveries for Frozen foods _____,
Refrigerated foods _____, and Dry goods _____.
3. Provide information on the amount of space (in cubic feet) allocated for.
Dry storage _____,
Refrigerated Storage _____, and
Frozen storage _____.
4. How will dry goods be stored off the floor? _____

COLDSTORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41 degrees F (5 degrees C) and below? YES/NO Provide the method used to calculate cold storage requirements.
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If yes, how will cross-contamination be prevented? _____

3. Does each refrigerator/freezer have a thermometer? YES NO

Number of refrigeration units: _____

Number of freezer units: _____

4. Is there a bulk ice machine available? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS-	-THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking / reheating temperatures of PHF's?

YES / NO

What type of temperature measuring device: _____

Minimum cooking time and temperatures of Product utilizing convection and conduction heating equipment

Beef Roasts	130 degrees F (0 21 min)
Solid seafood pieces	145 degrees F (15 sec)
Other PHFs	145 degrees F (0 5 sec)
Eggs	
Immediate service	145 degrees F (15 sec)
Pooled*	155 degrees F (15 sec)

(*pasteurized eggs must be served to a highly, susceptible Population)

Pork	145 degrees F (15 sec)
Comminuted meats/fish	155 degrees F (15 sec)
Poultry	165 degrees F (15 sec)
Reheated PHFs	165 degrees F (15 sec)

2. List types of cooking equipment _____

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140 degrees F (60 degrees C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 40 degrees F (5 degrees C) or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how PHFs will be cooled to 40 degrees F (4 degrees C) within 6 hours (140 to 70 degrees F in 2 hours and 70 to 40 degrees F in 4 hours). Also indicate where the cooling will take place.

COOLING METHOD	THICK MEAT	THIN MEAT	THIN SOUP/ GRAVY	THICK SOUP / GRAVY	RICE / NOODLES
Shallow Pans					
Ice Bath					
Reduce					

COOLING METHOD	THICK MEAT	THIN MEAT	THIN SOUP/ GRAVY	THICK SOUP / GRAVY	RICE / NOODLES
Volume or Size					
Rapid Chill					
Other (Describe)					

REHEATING:

1. How will PHFS that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 degrees F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165 degrees F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.
2. Will food employees be trained in good food sanitation practices? YES / NO Method of training: _____

Number(s) of employees: _____

Dates of completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES/ NO
4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO
5. Please describe briefly.

Will employees have paid sick leave? YES / NO

6. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: YES / NO

7. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before-being mixed and/or assembled? YES/No

If not, how will ready-to-eat foods be cooled to 41 degrees F.

8. Will all produce be washed on-site prior to use? YES / NO

9. Is there a planned location used for washing produce? YES NO, Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

10. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (40 degrees – 140 degrees F) during preparation.

11. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

12. Will the facility be serving food to a highly susceptible population? YES / No If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4” plastic covered molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing rooms				
Garbage & Refuse storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerator and Freezer				

B. INSECT AND RODENT CONTROL.

APPLICANT.. Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	[]	[]	[]
2. Are screen doors provided on all entrances left open to the outside?	[]	[]	[]
3. Do all openable windows have a minimum #16 mesh screening?	[]	[]	[]
4. Is the placement of electrocution devices identified on the plan?.	[]	[]	[]
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	[]	[]	[]
6. Is area around building clear of unnecessary brush, lifter, boxes and other harborage?	[]	[]	[]
7. Will air curtains be used? If yes, where? _____	[]	[]	[]

C. GARBAGE AND REFUSE

Inside

- 8. Do all containers have lids? _____
- 9. Will refuse be stored inside? If so, where? _____
- 10. Is there an area designated for garbage can or floor mat cleaning? _____
- 11. Will a dumpster be used? _____ Number _____ Size _____
Frequency of pickup _____ Contractor _____
- 12. Will a compactor be used? _____ Number _____ Size _____
Frequency of pickup _____ Contractor _____
- 13. Will garbage cans be stored outside? _____
- 14. Describe -surface and location where dumpster/compactor/garbage cans are to be stored _____

15. Describe location of grease storage receptacle _____

16. Is there an area to store recycled containers? _____

Describe _____

Indicate what materials are required to be recycled;

- Glass
- Metal
- Paper
- Cardboard
- Plastic

17. Is there any area to store returnable damaged goods? _____

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL	* P TRAP	VACUUM BREAKER	CONDENSATE
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice machines						
23. Ice storage bin						
24. Sinks						
a. Mop,						
b. Janitor						
c. Handwash						
d. 3 Compartment						
e. 2 Compartment						
f. 1 Compartment						
g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration Condensate Drain line						

	AIR GAP	AIR BREAK	*INTEGRAL	* P TRAP	VACUUM BREAKER	CONDENSATE
28. Hose Connection						
29 Potato Peeler						
30. Beverage Dispenser w/carbonator						
31. Other						

TRAP: A fitting or device that provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through ft. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter NP. Full "S" traps are prohibited.

32. Are floor drains provided & easily cleanable, if so, indicate location: _____

E. WATER SUPPLY

33. Is water supply public [] or private []?

34. If private, has source been approved? YES [] NO [] PENDING []
 Please attach copy of written approval and/or permit.

35. Is ice made on premises [] or purchased commercially ?
 If made on premise, are specifications for the ice machine provided? YES [] NO []
 Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation _____

36. What is the capacity of the hot water generator? _____

37. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

38. Is there a water treatment device? YES [] NO []

If yes, how will the device be inspected & serviced? _____

39. How are backflow prevention devices inspected & serviced? _____

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES [] NO []

41. If no, is private disposal system approved? YES [] NO [] PENDING []
Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES [] NO []

If so, where? _____

Provide schedule for cleaning & maintenance _____

G. DRESSING ROOMS

43. Are dressing rooms provided? YES [] NO []

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & -sanitizing agents?

YES [] NO [] Indicate location: _____

46. Are all toxics; for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES [] NO []

41. Are all containers of toxics; including sanitizing spray bottles clearly labeled? YES [] NO []

48. Will linens be laundered on site? YES [] NO []

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

49. Is a laundry dryer available? YES [] NO []

50. Location of clean linen storage: _____

51. Location of dirty linen storage: _____

52. Are containers constructed of safe materials to store bulk food products? YES [] NO []

Indicate type: _____

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS & / OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAFKEUP] CFM

54. How is each listed ventilation hood system cleaned? _____

I. SINKS

55. Is a mop sink present? YES [] NO []

If no, please describe facility for cleaning of mops and other equipment. _____

56. If the menu dictates, is a food preparation sink present?

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?

- Dishwasher
- Two compartment sink
- Three compartment sink

58. Dishwasher

Type of sanitization used:

- Hot water (temp. provided)
- Booster heater
- Chemical type

Is ventilation provided? YES [] NO []

59. Do all dish machines have templates with operating instructions? YES [] NO []

60. Do all dish machines have temperature/pressure gauges as required that are accurately working?

YES [] NO []

61. Does the largest pot and pan fit into each compartment of the pot sink? YES [] NO []
If no, what is the procedure for manual cleaning and sanitizing?

62. Are there drain boards on both ends of the pot sink? YES [] NO []

63. What type of sanitizer is used?

- Chlorine
- Iodine
- Quaternary ammonium
- Hot water
- Other

64. Are test papers and/or kits available for checking sanitizer concentration? YES [] NO []

K. HANDWASHING/ TOILET FACILITIES

65. Is there a handwashing sink in each food preparation and warewashing area? YES [] NO []

66. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?

YES [] NO []

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?

YES [] NO []

68. Is hand cleanser available at all handwashing sinks? YES [] NO []

69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?

YES [] NO []

70. Are covered waste receptacles available in each restroom? YES [] NO []

71. Is hot and cold running water under pressure available at each handwashing sink? YES [] NO []

72. Are all toilet room doors self-closing? YES [] NO []

73. Are all toilet rooms equipped with adequate ventilation?. YES [] NO []

74. If required, is a handwashing sign posted in each employee restroom? YES [] NO []

L. SMALL EQUIPMENT REQUIREMENTS

75. Please specify the number, location; and types of each of the following:

Slicers _____

Cutting Boards _____

Can Openers _____

Mixers _____

Floor Mats _____

Other _____

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this Health Regulatory office may nullify final approval.

Signature(s) _____

_____ owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine ff it complies with the local and state laws governing food service establishments.